

CTE EXEMPTION REQUEST FY 08

Program Information	Contact Person: _____ Phone: _____ Date: _____	
	School: _____ District: _____	CTDS: _____
	Program Name: _____ CIP: _____	
	Has this program ever received an exemption? <input type="checkbox"/> Yes In: <input type="checkbox"/> FY 03 <input type="checkbox"/> FY 04 <input type="checkbox"/> FY 05 <input type="checkbox"/> FY 06 <input type="checkbox"/> FY 07 <input type="checkbox"/> No	

Evidence to Support Request	Please identify, by checking the appropriate boxes, the exemption(s) requested for this program:		
	(May check more than one)	Evidence to Consider	Data Source
	<input type="checkbox"/> Coherent Sequence		<input type="checkbox"/> Alignment Report
	<input type="checkbox"/> Enrollment Size		<input type="checkbox"/> FY _____ <input type="checkbox"/> FY _____ Course Enrollment Program Enrollment
	<input type="checkbox"/> Low Performance		<input type="checkbox"/> 1S1 Reading <input type="checkbox"/> 1S2 Math <input type="checkbox"/> 2S1Tech Skill Attain <input type="checkbox"/> 3S1Grad+GED <input type="checkbox"/> 4S1 Graduation <input type="checkbox"/> 5S1Placement <input type="checkbox"/> 6S1 NT Part <input type="checkbox"/> 6S2 NT Comp
	<input type="checkbox"/> Teacher Certification		<input type="checkbox"/> Certificate Copy
	<input type="checkbox"/> Data Quality		<input type="checkbox"/> Data Quality Review Copy
	<input type="checkbox"/> Notification of Intent		<input type="checkbox"/> NOI Form <input type="checkbox"/> Correspondence to/from (Name) _____
	<input type="checkbox"/> Other		<input type="checkbox"/> See Attached

Please submit one request per program to Doug.Deemer@azed.gov. Requests must be received within 10 working days after the date of the Preliminary Funding letter.